

**OFFICIAL POLITICAL COMMITTEE**

State Form 4506 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

26

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**

1. Full name of committee (as on Statement of Organization)

☐ Check if this is a new name

REDICK FOR MAYOR

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 773-7525

4. Mailing address (address where all campaign finance correspondence is received)

☐ Check if this is a new address

P.O. Box 1354

5. City, state, ZIP code

NOBLESVILLE, IN 46060

6. Party affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

DENNIS R. REDICK

8. Party affiliation or if Independent

REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)

MAYOR - CITY OF NOBLESVILLE

10. County of residence

HAMILTON

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be '0')☐ Outgoing Treasurer (within 10 days amend Statement of Organization)**CONVENTION CANDIDATES ONLY**

Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting period:

From: JANUARY 1, 2000

Through: DECEMBER 31, 2000

COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

13,364.09

14. Cash on hand and investments January 1, current year.

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

24,775.00

15b. Unitemized

3,171.46

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

27,946.46

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

41,310.55

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17,206.50

17b. Unitemized

477.29

17c. Add lines 17a and 17b in both columns

SUBTOTAL

17,683.79

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL

23,626.76

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

Signature on File

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FILED

2001 JAN 18 PM 3:42

Dennis R. Redick



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see Instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 26

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. ART LEVINE 12558 HIGHLANDS PL. FISHERS, IN 46038-1189 Contributor's Occupation (if required):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	6-9-00 DRR
2. WILLIS CONNER 4165 MILLERSVILLE RD. INDIANAPOLIS, IN 46205 Contributor's Occupation (if required):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	700.00	700.00	6-10-00 DRR
3. ROGER C. WARD 7474 NOEL RD. INDIANAPOLIS, IN 46278 Contributor's Occupation (if required):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	6-16-00 DRR
4. THOMAS HELBING 10629 COBB ISLAND CT. INDIANAPOLIS, IN 46236 Contributor's Occupation (if required):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	6-27-00 DRR
5. ROLAND SALMAN 12471 DOE LN INDIANAPOLIS, IN 46236 Contributor's Occupation (if required):	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	7-2-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A		52650.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		5		

7



CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts

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Page <u>2</u>	of <u>26</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. WALTER BEAVER SDS WEXFORD CT NOBLESVILLE, IN 46060 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	150. ⁰⁰	150. ⁰⁰	7-11-00 DKR
2. T.P. DONOVAN 9229 DELEGATES ROW INDIANAPOLIS, IN 46240 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	300. ⁰⁰	300. ⁰⁰	7-11-00 DKR
3. JOHN SPEIDEL 5485 KENWOOD PLACE CARMEL, IN 46033 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	650. ⁰⁰	650. ⁰⁰	7-18-00 DKR
4. MARK DRANAMAN 5867 LAWTON LOOP E. DR. INDIANAPOLIS, IN 46216 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	650. ⁰⁰	650. ⁰⁰	7-18-00 DKR
5. MICHAEL ECKERLE 320 N. MERIDIAN ST. INDIANAPOLIS, IN 46204 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	125. ⁰⁰	125. ⁰⁰	7-23-00
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1875. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



OF A POLITICAL COMMITTEE

State Form 4806 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
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Page 4 of 26

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. RANDOLPH SEGER 55 WILLIAMS CREEK BLVD. INDIANAPOLIS, IN 46240 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125. ⁰⁰	125. ⁰⁰	7-24-00 DRR
2. RICHARD LEIRER 680 SMOKEY LANE CARMEL, IN 46033 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250. ⁰⁰	250. ⁰⁰	8-2-00 DRR
3. MICHAEL REUTER 12916 WATER RIDGE DR. MCCORDSVILLE, IN 46055 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125. ⁰⁰	125. ⁰⁰	8-3-00 DRR
4. WILLIAM BECK 16575 SEMINOLE RD. NOBLESVILLE, IN 46060 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250. ⁰⁰	250. ⁰⁰	8-4-00 DRR
5. BRIAN GLAZE FT. WAYNE, IN Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650. ⁰⁰	650. ⁰⁰	8-7-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1400. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

7



CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts

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FILE NUMBER

Page 5 of 26

CONTRIBUTOR'S FULL NAME AND OCCUPATION
FULL MAILING ADDRESS
(street, number, city, state, ZIP code)

TYPE OF CONTRIBUTION
OR OTHER RECEIPT

COLUMN A
AMOUNT THIS
PERIOD

COLUMN B
CUMULATIVE
YEAR-TO-DATE

DATE RECEIVED
RECEIVED BY

1. ANDY ILLYES NOBLESVILLE, IN 46060 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125.00	125.00	8-14-00 DPR
2. BRIAN PENLEY 2918 E. STATE RD. 38 WESTFIELD, IN 46074 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125.00	125.00	8-15-00 DPR
3. TIM LEE 180 WELLINGTON PKWY NOBLESVILLE, IN 46060 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-15-00 DPR
4. MARK ROWLAND 1960 LYTHAM RD. COLUMBUS, OH 43220 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-21-00 DPR
5. DAVE SPETH N3596 COUNTY TRUNK HWY. A SHEBOYGAN FALLS, WI 53085 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-21-00 DPR

SUB TOTAL THIS PAGE OF SCHEDULE A

\$ 1750.00

TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY
(Enter total on ITEM 15a of the Summary Sheet)

\$



Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. LEEANN WALKER COOK 3686 E. CARMEL DR. CARMEL, IN 46033 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250. ⁰⁰	250. ⁰⁰	8-22-00 DRR
2. CLARENCE ROBBINS 11201 KEMPSFORD DR. CHARLOTTE, NC 28262 Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	300. ⁰⁰	300. ⁰⁰	9-12-00 DRR
3. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5. Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 550. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 8,225. ⁰⁰		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. WAGGONER, IRWIN, SCHEELE 118 S. FRANKLIN MUNCIE, IN 47305-1606	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	6-10-00 DLR
2. ENVOY, INC.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	6-15-00 DLR
3. THE MARINA LIMITED PARTNERSHIP 11691 FALL CREEK ROAD INDIANAPOLIS, IN 46256	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	6-16-00 DLR
4. D.W. KROHN & ASSOC. 231 ROXBURY LANE NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	6-17-00 DLR
5. INSIGHT COMMUNICATIONS 335 E. 10TH ST. ANDERSON, IN 46016	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	6-19-00 DLR
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1950.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. INTERGRATOR.COM, INC. 196TH ST. NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	6-20-00 DLR
2. THE RYAN CO. 15227 HERRIMAN BLVD. NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125.00	125.00	6-20-00 DLR
3. MCKNEIGHT & QUANDT 155 E. MARKET ST. INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	6-20-00 DLR
4. DEER CREEK AMPHITHEATER 10089 ALLISONVILLE RD. FISHERS, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	6-27-00 DLR
5. WARNER BODIES 1699 S. 8TH ST. NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	6-30-00 DLR
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1425.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. GRW ENGINEERS, INC. 801 CORPORATE DR. LEXINGTON, KY	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	250. ⁰⁰	250. ⁰⁰	7-7-00 DRR
2. HOME PAC PO BOX 44670 INDIANAPOLIS, IN 46244	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150. ⁰⁰	150. ⁰⁰	7-14-00 DRR
3. BURNHAM & FLOWER 5555 GULL RD KALAMAZOO, MI 49001	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	275. ⁰⁰	275. ⁰⁰	7-18-00 DRR
4. THE NYHART CO. P.O. BOX 80883 INDIANAPOLIS, IN 46280-0883	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125. ⁰⁰	125. ⁰⁰	7-18-00 DRR
5. DAN BURTON FOR CONGRESS COMM. P.O. BOX 50593 INDIANAPOLIS, IN 46250	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125. ⁰⁰	125. ⁰⁰	7-18-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 925. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 10 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. FLUID WASTE SERVICES P.O. BOX 264 FISHERS, IN 46038	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500. ⁰⁰	500. ⁰⁰	7-21-00 DRK
2. TAYLORED SYSTEMS 15309 STONY CREEK WAY NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150. ⁰⁰	150. ⁰⁰	7-25-00 DRK
3. DEEDS EQUIPMENT Co. P.O. BOX 26036 LAWRENCE, IN 46226	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650. ⁰⁰	650. ⁰⁰	7-26-00 DRK
4. DEPCO, INC. P.O. BOX 1058 NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150. ⁰⁰	150. ⁰⁰	7-26-00 DRK
5. TIMOTHY R. DOWNET INSUR. 1010 E. MARKLAND AVE. KOKOMO, IN 46903-1247	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650. ⁰⁰	650. ⁰⁰	7-27-00 DRK
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 2100. ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in black ink all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 11 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. RDT CUSTOM HOMES P.O. BOX 792 CARMEL, IN 46082	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150 ⁰⁰	150 ⁰⁰	7-28-00 DRR
2. PAUL I CRIFE, INC. 7172 GRAHAM RD. INDIANAPOLIS, IN 46250	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500 ⁰⁰	500 ⁰⁰	8-1-00 DRR
3. BROWN EQUIP. CO., INC. P.O. BOX 9799 FT. WAYNE, IN 46899-9799	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150 ⁰⁰	150 ⁰⁰	8-1-00 DRR
4. HANNUM, WAGLE & CLINE ENG. 1000 SOUTH 14TH ST. TERRE HAUTE, IN 47807	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500 ⁰⁰	500 ⁰⁰	8-3-00 DRR
5. INDIVIDUALIZED CARE MANAGEMENT 60 PROFESSIONAL CT. LAFAYETTE, IN 47905-5152	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125 ⁰⁰	125 ⁰⁰	8-3-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A		\$ 1425 ⁰⁰		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 12 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. EDSAM CONSTRUCTION, INC. 1010 E. 86TH ST. INDIANAPOLIS, IN 46280-0155	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	400.00	400.00	8-4-00 DAR
2. MA:RI-AL CORP. RIVER RD. NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1,000	1,000	8-4-00 DAR
3. COMMUNITY BANK P.O. BOX 1990 NOBLESVILLE, IN 46061	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	8-7-00 DAR
4. USI CONSULTANTS, INC. 5332 N. TEMPLE AVE. INDIANAPOLIS, IN 46220	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	400.00	400.00	8-7-00 DAR
5. B & D GUNS 2918 E. STATE RD. 38 WESTFIELD, IN 46074	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	150.00	150.00	8-15-00 DAR
SUB TOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 2100.00		



Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 13 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. ADVANCED CONCRETE, LLC 15260 HERRIMAN BLVD. NOBLESVILLE, IN 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500. ⁰⁰	500. ⁰⁰	8-15-00 DRR
2. AECOM, INC. P.O. BOX 367 NASHVILLE, IN 47448	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	125. ⁰⁰	125. ⁰⁰	8-17-00 DRR
3. PAUL I CRIPE, INC. 7172 GRAHAM RD. INDIANAPOLIS, IN 46250	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500. ⁰⁰	1,000	8-17-00 DRR
4. MID-STATES ENG. 350 NEW YORK ST INDIANAPOLIS, IN 46204	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650. ⁰⁰	650. ⁰⁰	8-18-00 DRR
5. LAUTH PROPERTY GROUP 9777 COLLEGE AVE. INDIANAPOLIS, IN 46280	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650. ⁰⁰	650. ⁰⁰	8-18-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 2425. ⁰⁰ \$		

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 14 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. FLOYD E. BURROUGHS + ASSOC. INDIANAPOLIS, IN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	8-21-00 DRR
2. WASTE MANAGEMENT 124 TWIN BRIDGES RD. DANVILLE, IN 46122	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	8-21-00 DRR
3. WALKER + ASSOC. INSUR. 7364 E. WASHINGTON ST. INDIANAPOLIS, IN 46219-6725	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	650.00	650.00	8-21-00 DRR
4. KITE 6610 SHADELAND AVE. INDIANAPOLIS, IN 46220	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	750.00	750.00	8-22-00 DRR
5. FARRAR, GARVEY & ASSOC. 8425 N. MERIDIAN ST. INDIANAPOLIS, IN 46260	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-22-00 DRR
SUB TOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 3200.00		

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from corporations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 15 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. KEYCORP PAC 10 W. MARKET ST. INDIANAPOLIS, IN 46204-2954	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-25-00 DRR
2. BANC ONE IND. CORP PAC 111 MONUMENT CIRCLE INDIANAPOLIS, IN 46277	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	500.00	500.00	8-29-00 DRR
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1,000.00 \$ 1,500.00		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4806 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3)**CONTRIBUTIONS BY
LABOR ORGANIZATIONS****Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBERPage 16 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4608 (R9 / 11-89)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4)**CONTRIBUTIONS BY****POLITICAL ACTION COMMITTEES****Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBERPage 17 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4806 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-5)
CONTRIBUTIONS BY
OTHER ORGANIZATIONS****Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on **ITEM 15a** of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 18 of 26

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)			
SUB TOTAL THIS PAGE OF SCHEDULE A		\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



OF A POLITICAL COMMITTEE

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 19 of 26

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: P.O. BOX RENT	64.00	64.00	1-27-00
Code _____ HAGUE RD. STORAGE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: STORAGE UNIT RENTAL	190.00	190.00	2-15-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: BULK RATE PERMIT	100.00	164.00	3-15-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POSTAGE	33.00	197.00	3-15-00
Code _____ RIGHT IMAGE INDIANAPOLIS, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: GIVE-AWAYS FOR GOLF TOURN.	464.48	464.48	3-17-00
Code _____ THE PET CENTER		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: PRIZES FOR GOLF TOURN.	115.38	115.38	3-23-00
Code _____ IDEA ART		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: POST CARDS + TRI-FOLDS	203.20	203.20	3-31-00
SUB TOTAL THIS PAGE OF SCHEDULE B			\$1170.06		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B)

Itemized Expenditures

FILE NUMBER

Page 20 of 26

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POST CARD POSTAGE	61.50	258.50	4-5-00
Code _____ HAM. CTY. REP. PTY NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: LINCOLN DAY DINNER	60.00	60.00	4-11-00
Code _____ HAGUE RD STORAGE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: STORAGE RENTAL	100.00	290.00	6-2-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POSTAGE - GOLF TOURN.	104.94	363.44	6-5-00
Code _____ CAVE & CO. WESTFIELD, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: PRINTING OF GOLF MATERIAL	159.00	159.00	6-23-00
Code _____ HAM. CTY. REP. PTY NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DONATION TO HCRP FOR MCINTOSH	1,000.00	1,060.00	6-23-00
Code _____ HAM. CTY. REP. PTY NOBLESVILLE, IN 46060		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: HOLE SPONSOR FOR "ELEPHANT OPEN"	350.00	1410.00	6-23-00
SUB TOTAL THIS PAGE OF SCHEDULE B			\$1835.44		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 21 of 26

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ KATHY RICHARDSON NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DONATION	250. ⁰⁰	250. ⁰⁰	6-23-00
Code _____ HAGUE RD. STORAGE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: STORAGE RENTAL	150. ⁰⁰	440. ⁰⁰	6-23-00
Code _____ RIZING STAR		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: STREET DANCE DONATION	1300. ⁰⁰	1300. ⁰⁰	7-7-00
Code _____ HAGUE RD STORAGE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: STORAGE UNIT RENEW	200. ⁰⁰	640. ⁰⁰	8-11-00
Code _____ REDIRECTIONS CARMEL, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF TOURN. SIGNS	198. ²⁵	198. ²⁵	8-16-00
Code _____ A-2-Z NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF TOURN. PRIZES	806. ⁸⁴	806. ⁸⁴	8-16-00
Code _____ SAMS CLUB FISHERS, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF TOURN. SNACKS + PRIZES	271. ³⁵	271. ³⁵	8-18-00
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 3176. ⁴⁴		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-89)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 22 of 26

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ MARSH SUPERMARKET NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: BOX LUNCHES GOLF TOURN.	922.32	922.32	8-22-00
Code _____ LEVEE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DINNER - GOLF TOURN.	1300.95	1300.95	8-23-00
Code _____ NOBLESVILLE TROPHIES NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF TROPHIES GOLF TOURN.	112.00	112.00	8-23-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POSTAGE	66.00	429.44	8-28-00
Code _____ FOX PRAIRIE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF OUTING	6,018.55	6,018.55	8-29-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POSTAGE	66.00	495.44	9-1-00
Code _____ REDIRECTIONS CARMEL, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: GOLF SIGNS FOR GOLF TOURN.	660.23	858.48	9-11-00
SUB TOTAL THIS PAGE OF SCHEDULE B			\$9146.05		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		



REPORT OF REVENUE AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 23 of 26

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ Z.T.C. OUTING ARCADIA, IN		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: HOLE SPONSOR FOR GOLF OUTING	200. ⁰⁰	200. ⁰⁰	9-11-00
Code _____ U.S. POST OFFICE NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: POSTAGE	478. ⁵¹	973. ⁹⁵	9-27-00
Code _____ LAURIE HURST NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: "I VOTED TODAY" STICKERS	300. ⁰⁰	300. ⁰⁰	10-10-00
Code _____ HAM. CTY. REP. PTY NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DONATION	550. ⁰⁰	1960. ⁰⁰	10-27-00
Code _____ HAM. CTY. REP. PTY NOBLESVILLE, IN 46060		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: DONATION	50. ⁰⁰	2010. ⁰⁰	10-27-00
Code _____ HAGUE RD. STORAGE NOBLESVILLE, IN 46060		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: STORAGE UNIT RENTAL	300. ⁰⁰	940. ⁰⁰	10-27-00
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUB TOTAL THIS PAGE OF SCHEDULE B			\$ 1878. ⁵¹		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 17,206. ⁵⁰		

**OF A POLITICAL COMMITTEE**

State Form 4606 (RS / 11-99)

Indiana Election Commission (IC 3-3-5-14)

Approved by State Board of Accounts 1999

**(CPA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

FILE NUMBER

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount, paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

Page 24 of 26**PUBLIC QUESTION INFORMATION**

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local
Position: ☐ Supported ☐ Opposed

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind				
SUB TOTAL THIS PAGE OF SCHEDULE C			\$		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$		

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**

State Form 4506 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D)**Debts Owed by This Committee**

FILE NUMBER

Page 25 of 26

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed to or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD	
		NATURE OF DEBT				
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
LENDER'S OCCUPATION:						
SUB TOTAL THIS PAGE OF SCHEDULE D					\$	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$	

